

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097463294 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	1		/			
5	1		/			
6	1		/			
7	1		/			
8	1		/			
9	1		/			
10	1		/			
11	1		/			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	11	↓	10	↓		
TOTAL CLAIMS	12	↓	11	↓		

TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓
	██████████	██████████	██████████	██████████	██████████	██████████